

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90141 013 ***150.00

DOCUMENT # P92000014014

1. Entity Name
FRUTERIA TANA, INC.



Principal Place of Business
**16751 S.W. 177TH AVENUE
MIAMI FL 33187**

Mailing Address
**16751 S.W. 177TH AVENUE
MIAMI FL 33187**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0576931**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RAMOS, ANA T
3620 S.W. 2ND STREET
MIAMI FL 33135**

Name

Street Address (P.O. Box Number is Not Acceptable)

**18206 SW 154 PL
City Miami FL Zip Code 33187**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Ana T Ramos*

(NOTE: Registered Agent signature required when reinstating)

1-22-03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☐ Delete
NAME **RAMOS, ANA T**
STREET ADDRESS **3620 S.W. 2ND ST.**
CITY-ST-ZIP **MIAMI FL 33135**

TITLE ☐ Change ☐ Addition
NAME **18206 SW 154 PL.**
STREET ADDRESS **Miami, FL 33187**
CITY-ST-ZIP

TITLE **VT** ☐ Delete
NAME **RAMOS, ALIER**
STREET ADDRESS **3620 S.W. 2ND ST.**
CITY-ST-ZIP **MIAMI FL 33135**

TITLE ☐ Change ☐ Addition
NAME **18206 SW 154 PL.**
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ana T Ramos* **1-22-03 305-232-1416**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)